

Agency Revenue Source Report - FY15 Data
As Required by HB 831, 2015 Legislative Session

Agency Name

| |
|----------------------------------|
| South Mississippi State Hospital |
|----------------------------------|

Budget Year

| |
|------|
| 2015 |
|------|

State Support Sources Amount Received
General Funds

| |
|-----------|
| 4,905,854 |
|-----------|

State Support Special Funds Amount Received
Education Enhancement Funds

| |
|---|
| 0 |
|---|

Health Care Expendable Funds

| |
|---------|
| 501,085 |
|---------|

Tobacco Control Funds

| |
|---|
| 0 |
|---|

Capital Expense Funds

| |
|---|
| 0 |
|---|

Budget Contingency Funds

| |
|---|
| 0 |
|---|

Working Cash Stabilization Reserve Funds

| |
|---|
| 0 |
|---|

Special Funds Amount Received
Medicare Receipts

| |
|--------------|
| 2,105,883.29 |
|--------------|

Transfer in from Other Facilities

| |
|---------|
| 350,724 |
|---------|

Add Rows for Additional Special Funds

List all Federal Funds as its most specific level, such as an office or division, not the federal department.

Federal Funds Amount Received Action or results promised in order to receive funds
Sample Federal Fund #1

| | |
|---|-----|
| 0 | N/A |
|---|-----|

Sample Federal Fund #2

| | |
|---|-----|
| 0 | N/A |
|---|-----|

Add Rows for Additional Special Funds

Revenue from Tax, Fine or Fee Assessed
Patient Copies and Other Sales Amount Assessed

| |
|-------|
| 4,639 |
|-------|

Copy Entire Section to Add New Item Amount Collected

| |
|-------|
| 4,639 |
|-------|

Authority to Collect

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Method of Determining Assessment

| |
|-------------------------------|
| \$14 per patient chart copies |
|-------------------------------|

Method of Collection

| |
|--------------|
| EFT or Check |
|--------------|

Amt. & Purpose for which Expended Amount

| |
|-------|
| 4,639 |
|-------|

 Purpose

| |
|---|
| Reimbursement for labor and supplies for copies |
|---|

Amount Transferred to General Fund

| |
|---|
| 0 |
|---|

Authority for Transfer to General Fund

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Amount Transferred to Another Entity

| |
|---|
| 0 |
|---|

Authority for Transfer to Other Entity

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Name of Other Entity

| |
|--|
| |
|--|

Fiscal Year-Ending Balance

| |
|---|
| 0 |
|---|

Workers Comp Related Recovery Amount Assessed

| |
|----------|
| 9,419.18 |
|----------|

Copy Entire Section to Add New Item Amount Collected

| |
|----------|
| 9,419.18 |
|----------|

Authority to Collect

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Method of Determining Assessment

| |
|--|
| Depends on how much employee underpays |
|--|

Method of Collection

| |
|----------------------------|
| Check or Payroll Deduction |
|----------------------------|

Amt. & Purpose for which Expended Amount

| |
|----------|
| 9,419.18 |
|----------|

 Purpose

| |
|---|
| Reimbursement for Workers Comp related claims |
|---|

Amount Transferred to General Fund

| |
|---|
| 0 |
|---|

Authority for Transfer to General Fund

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Amount Transferred to Another Entity

| |
|---|
| 0 |
|---|

Authority for Transfer to Other Entity

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Name of Other Entity

| |
|-----|
| N/A |
|-----|

Fiscal Year-Ending Balance

| |
|---|
| 0 |
|---|

Patient Insurance/Private Pay Payments Amount Assessed (Aproximate)

| |
|------------|
| 180,000.00 |
|------------|

Copy Entire Section to Add New Item Amount Collected

| |
|-----------|
| 45,667.04 |
|-----------|

Authority to Collect

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Method of Determining Assessment

| |
|--|
| Per Diem Rate of \$545 per patient bed day |
|--|

Method of Collection

| |
|--------------|
| EFT or Check |
|--------------|

Amt. & Purpose for which Expended Amount

| |
|-----------|
| 45,667.04 |
|-----------|

 Purpose

| |
|------------------------------------|
| Reimbursement for Patient Bed Days |
|------------------------------------|

Amount Transferred to General Fund

| |
|---|
| 0 |
|---|

Authority for Transfer to General Fund

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Amount Transferred to Another Entity

| |
|---|
| 0 |
|---|

Authority for Transfer to Other Entity

| |
|---------------------|
| 2014 Session SB2880 |
|---------------------|

Name of Other Entity

| |
|-----|
| N/A |
|-----|

Fiscal Year-Ending Balance

| |
|---|
| 0 |
|---|